FE Non-Accredited Degree APPLICATION & INSTRUCTIONS

Applicants for the FE exam who have a non-accredited degree, or a degree from outside the U.S. that has been evaluated to be non-equivalent must document one year of qualifying experience prior to sitting for the FE exam.

Please read all of the following instructions before completing the application. If you have questions concerning the application or these instructions please call 515/725-9021.

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including lowa Code § 421.18.

- 1. APPLICATION FORM. Complete the entire form. Original application must be submitted. The experience page must be completed as instructed.
- 2. **TRANSCRIPTS.** You must have an **official transcript** from each college listed on your application **transmitted by the college registrar directly to the Board's office**. Transcripts from institutions outside the US and Canada must be evaluated for authenticity and ABET/EAC equivalency. The evaluation for such transcripts must be provided to the Board office directly from the evaluating vendor.
- 3. REFERENCES. You must submit at least one reference from a supervisor as listed on your experience record. All references must remain in the sealed and signed envelopes when submitted to the Board. Attach a copy of your experience record (Section 4 on the application form) to each reference form before distributing. References are to be returned to you in a sealed envelope with a signature across the seal. You should provide stamped self-addressed envelopes to your references. These are to remain sealed and are to be submitted by you along with this application.
- 4. CONFIDENTIALITY. Your application is a public record subject to public examination under lowa Code chapter 22. Parts of the application are confidential by law, including your social security number, college transcripts, e-mail, and examination scores. For more information, you may contact the Board office or consult the Bureau's fair information practices rules at 193 lowa Administrative Code Chapter 13.

MAKE COPIES FOR YOUR RECORDS BEFORE SUBMITTING TO THE BOARD.

lowa Engineering and Land Surveying Examining BoardAPPLICATION FOR FUNDAMENTALS OF ENGINEERING EXAM

(experience requirement) 200 E Grand, Suite 350 *Des Moines, IA 50309 515/725-9021

	1. GENERAL I	NFORMATIO	N					
Name (type or print)				Date of application				
Date of birth								
	Home address - ☐ Prefer	red mailing addre	ess	Business address – 🔲 F	referred mailing address			
	Street			Company Name				
	City		Street					
	State		City					
	State Zip Phone				Zip			
	Frione			PhoneP				
				Priorie				
YES ☐ NO Have you ever been convicted YES ☐ NO Have you ever been discipline jurisdiction in which you have	d by a board of examiners ever been licensed/register 3. EDUC	in any jurisdicti ed? If yes, atta CATION ed your GED?	on in which	h you are currently lice plete explanation.				
List in chronological order the name and location graduation (if any) or program taken and degree in								
Name and Location of Instit		Years From - To	Date Gradua	of	Degree Received			
Name and Location of instit	ution	FIOIII - TO	Grauua	lion Course	Neceived			
Engineering Education								
Other College or University Work								

4. PROFESSIONAL EXPERIENCE

List below in chronological order all of your professional experience. Account for all time from receipt of degree to present. Attach additional sheets if necessary. All gaps in employment must be explained. In the right-hand column, indicate the total time spent in each engagement. Indicate division of total time into sub-professional and professional work in accordance with the definitions given at bottom of the next page.

DATE DATE FROM TO mm/yy mm/yy	Assignment or Engagement	(Veare in	TIME Decimals to	Tenthe\	
	Complete all information for each assignment or engagement. Description of work must accurately, briefly, and concisely describe the character of the work, the degree of responsibility, and the location of the work.	Sub-	Professio nal	Total Time	
		A. Position Title			
		B. Name and Address of Employer			
		C. Name and Title of Supervisor/Person to Whom You Reported			
		D. Was this individual a licensed professional engineer during this time period? (circle one) Y or N If no, you must submit a reference form and an unlicensed tutelage form			
		E. Description of Work			
		A. Position Title			
		B. Name and Address of Employer			
		C. Name and Title of Supervisor/Person to Whom You Reported			
		D. Was this individual a licensed professional engineer during this time period? (circle one) Y or N If no, you must submit a reference form and an unlicensed tutelage form			
		E. Description of Work			

SUB-PROFESSIONAL WORK includes the time spent in drafting, as an engineering technician or engineering assistant, inspector, or as a surveyor's assistant or similar work when working under direct supervision or on work where the personal responsibility and technical knowledge required are small, that is, minor positions in which the responsibility is slight and the individual performance of a task, set and supervised by a supervisor, is all that is required.

PROFESSIONAL WORK includes the time during which applicant was occupied in engineering or land surveying work of higher grade and responsibility than that above defined as sub-professional work. Time spent in teaching engineering subjects in a college or university at the level of assistant professor or higher may be listed as professional experience.

5. AFFIDAVIT							
STATE OF	THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED						
COUNTY OF							
I hereby swear (or affirm) that the foregoing information provided by me is	true and correct.						
If I am an examination applicant, my signature on the line below authoriz pass the examination.	res release of my name on the list of passing candidates in the event that I						
Subscribed before me this							
day of , ,							
	(Signature of Applicant)						
My Commission expires	(Signature of Notary Public)						
	(Signature of Notary Fubility)						
Your application is valid for one year from the date it was notarized. If you need to register to retake the exam after the application expires, a new application along with the fee will need to be submitted.							
I am a veteran, as defined in Iowa Code section 35.1(2 veteran. Please consider my application under the veteran red	2). I have attached documentation to verify my status as a ciprocity provisions of 193 lowa Administrative Code 14.3.						

**** NOTICE **** *THIS PAGE WILL NOT BE ADDED TO FILE OR PART OF PUBLIC RECORD*

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U.S.C. § 666(a)(13), Iowa Code §§ 252J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number wil
be used in connection with the collection of child support obligations, college student loan obligations, and
debts owed to the state of lowa, and as an internal means to accurately identify licensees, and may also be
shared with taxing authorities as allowed by law including lowa Code § 421.18.

Social Security number	 				
EMAIL (REQUIRED):					